

DELAWARE DEPARTMENT OF TRANSPORTATION  
OFFICE OF PUBLIC CARRIER REGULATIONS  
DOVER, DELAWARE 19903

ANNUAL GROSS REVENUE RETURN

AND

STATEMENT OF ASSESSMENT DUE

**For the period January 1, 2005 through December 31, 2005**

1. NAME OF BUSINESS: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

3. TYPE OF PUBLIC CARRIER SERVICE FURNISHED:

\_\_\_\_\_ RAILROAD

\_\_\_\_\_ TAXI

\_\_\_\_\_ MOTOR CARRIER

\_\_\_\_\_ LIMOUSINE

4. DID YOU OPERATE FOR THE ENTIRE PERIOD OF THIS RETURN?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

IF NOT, SHOW OPERATING PERIOD: \_\_\_\_\_

5. Gross revenue includes all revenue, which (1) is collected by a public carrier subject to regulation by DelDOT, and (2) is derived from the **intrastate** public carrier business of such a carrier. (See Section 3-4 of the **Rules and Practices**, Title 2, Chapter 18, Section 1802(g)(h)(i)(j).

6. Gross intrastate operating revenues for the year as shown on the carrier's books of account  
\$\_\_\_\_\_.

7. Regulatory assessment due is .002 (.002 multiplied by item 6) in addition to the \$7.50 filing fee  
due regardless of assessment due = Annual Assessment \$\_\_\_\_\_

**PLEASE MAIL THESE FORMS TO:**

DELDOT  
PUBLIC CARRIER  
P. O. DRAWER E  
DOVER, DE 19903

ANNUAL REPORT 2005

AFFIDAVIT

CERTIFICATION

Subscribed and sworn to before me THE INFORMATION REPORTED ABOVE IS TRUE AND CORRECT this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE OF INDIVIDUAL  
OR OFFICER)

OFFICIAL SEAL

\_\_\_\_\_  
(TRADE OR CORPORATE NAME OF  
CARRIER)

\_\_\_\_\_  
(OFFICIAL TITLE)

\_\_\_\_\_  
(ADDRESS - IF DIFFERENT FROM  
ABOVE)

\_\_\_\_\_  
(DATE COMMISSION EXPIRES)

\_\_\_\_\_  
(SIGNATURE OF PREPARER IF OTHER  
THAN ABOVE)

ANNUAL REPORT 2005

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

1. This report covers the period from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.

2. Kind of Organization:

Sole Owner \_\_\_\_\_, Partnership \_\_\_\_\_, Corporation \_\_\_\_\_, Other (specify) \_\_\_\_\_.

3. Name of Owner, Partners, or Corporate Officers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If incorporated, date of incorporation: \_\_\_\_\_  
State of \_\_\_\_\_

5. Transportation Service Rendered

Fixed Route \_\_\_\_\_, Contract \_\_\_\_\_, Charter \_\_\_\_\_,

School \_\_\_\_\_, Taxi \_\_\_\_\_, Limousine \_\_\_\_\_.

6. Affidavit

State of Delaware

County of \_\_\_\_\_

ANNUAL REPORT 2005

I (we) the undersigned, trading as \_\_\_\_\_  
on my (our) oath do say that the following return has been prepared under my (our) direction from  
the original books, papers and records of this carrier and that I (we) have carefully examined same  
and declare it to be a complete and correct statement of the business and affairs of said carrier to the  
best of my (our) knowledge, information and belief.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

This form is designed to capture pertinent information regarding the qualified Public Carrier vehicles, which will be in operation for your business. Please complete this form and mail back to our office in the return envelope or fax it to our office at (302) 739-2143.

**COMPANY EQUIPMENT SCHEDULE**  
**VEHICLES IN SERVICE AS OF DECEMBER 31, 2005**

[illegible]

ANNUAL REPORT 2005

BALANCE SHEET

<u>ASSETS</u>	<u>AMOUNT AT END OF YEAR</u>
Motor Vehicle Equipment	_____
Land, Buildings & Structures	_____
Other Property	_____
Cash	_____
Notes & Accounts Receivable	_____
Materials & Supplies	_____
Other Assets	_____
<b>TOTAL ASSETS</b>	_____
 <u>LIABILITIES</u>	
Net Worth of Individual or Partnership	_____
Capital Stock - (Corporations Only)	_____
- (Common Stock)	_____
- (Preferred Stock)	_____
Retained Earnings (Surplus) - Corporations Only	_____
Mortgages	_____
Equipment Obligations	_____
Notes & Accounts Payable	_____
Other Liabilities	_____
Reserve for Depreciation - Motor Vehicles	_____
Reserve for Depreciation - Other	_____
<b>TOTAL LIABILITIES</b>	_____

ANNUAL REPORT 2005  
INCOME STATEMENT

**REVENUES**

**INTRASTATE**

Passengers – Common

\_\_\_\_\_

Passengers – Contract

\_\_\_\_\_

Passengers – Charter

\_\_\_\_\_

Passengers – School

\_\_\_\_\_

Other

\_\_\_\_\_

**TOTAL OPERATING REVENUES**

\_\_\_\_\_

**OPERATING EXPENSES**

Wages/Commissions-Operators

\_\_\_\_\_

Salaries-Owner/Partner/

Officers

\_\_\_\_\_

Other Salaries & Wages

\_\_\_\_\_

Advertising

\_\_\_\_\_

Gasoline, Oil & Grease

\_\_\_\_\_

Repairs to Motor Vehicles

\_\_\_\_\_

Tires & Tubes

\_\_\_\_\_

Insurance

\_\_\_\_\_

Rents

\_\_\_\_\_

Taxes & Licenses

\_\_\_\_\_

Depreciation Expense

\_\_\_\_\_

Other Operating Expense

\_\_\_\_\_

(Do not include interest)

**TOTAL OPERATING EXPENSES**

\_\_\_\_\_

NET INCOME FROM  
OPERATIONS

\_\_\_\_\_

**NON-OPERATING INCOME:**

(specify)

\_\_\_\_\_

**NON-OPERATING EXPENSES:**

\_\_\_\_\_

Interest

\_\_\_\_\_

Other

\_\_\_\_\_

**NET INCOME**

\_\_\_\_\_

**MAIL TO:** DELDOT  
PUBLIC CARRIER  
P.O. DRAWER E  
DOVER, DE 19903